

Form 9. Certification of Practice Pro Bono Publico.

DISTRICT OF COLUMBIA
COURT OF APPEALS

[or]

SUPERIOR COURT OF
THE DISTRICT OF COLUMBIA

_____)	
Plaintiff/Appellant,)	CERTIFICATION OF PRACICE
)	PRO BONO PUBLICO
v.)	
)	
_____)	
Defendant/Appellee.)	
_____)	

I certify under District of Columbia Court of Appeals Rules 49 (c)(8) and 49 (c)(9):

1. That I am a member in good standing of the bar(s) of

2. That:

[_____] (a) Under Rule 49 (c)(9)(A), I am employed by or affiliated with a legal services or referral program and I am providing representation in this case without compensation; or

[_____] (b) Under Rule 49 (c)(9)(B), I am employed by or affiliated with the Public Defender Service, or a non-profit organization located in the District of Columbia providing services without fee or for a nominal processing fee; I submitted an application for admission to the District of Columbia Bar within ninety (90) days of commencing the practice of law in the District of Columbia; and I am practicing for a limited period under the supervision of an enrolled, active member of the D.C. Bar who is employed by or affiliated with the Public Defender Service or the non-profit organization; or

[_____] (c) Under Rule 49 (c)(9)(C), I am an officer or employee of the United States government, a member in good standing of the bars named above, and affiliated with an organization providing legal services without fee; and I am supervised by an enrolled, active member of the D.C. Bar who is employed by or affiliated with that organization; or

[_____] (d) Under Rule 49 (c)(8), I am practicing for a limited period from my principal office within the District of Columbia under the direct supervision of an enrolled, active member of the District of Columbia Bar, whose signature and Bar number appear below.

I understand, under Rule 49 (c)(9), that I am subject to the District of Columbia Rules of Professional Conduct and the enforcement procedures applicable thereto to the same extent as if I were an enrolled, active member of the District of Columbia Bar. I further understand that my conduct is subject to all authority of the courts in which I practice.

Signature of Certifier	Print Name	Date
------------------------	------------	------

Signature of Bar Member under Rule 49 (c)(8)	Print Name	Bar Number
---	------------	------------